



City of Savannah, Georgia

Providing Quality Services for Quality Living

Employment Application

Human Resources Department
132 E. Broughton Street, 5th Floor
P.O. Box 1027
Savannah, Georgia 31402

Phone: (912) 651-6484
Job Line: (912) 236-7284
Fax: (912) 651-6706
TDD: (912) 651-6594

Website: www.savannahga.gov

Position Applying For _____

Date of Application _____

Position Applying For _____

Date of Application _____

How did you learn about the position? (Please check all that apply.)

City Employee _____ City's Website _____ Friend _____

Other Website _____ If yes, name of the website. _____

Newspaper Ad _____ If yes, name of the newspaper. _____

Professional Journal _____ If yes, name of the journal. _____

Last Name First Name Middle Name Social Security Number

Home Address City State Zip

Mailing Address City State Zip

Email Address (_____) Home Telephone Number (_____) Alternate Telephone Number

Do you have a valid driver's license? () yes () no If yes, please attach a copy of your current driver's license to this employment application.

Do you have a legal right to work in the United States? () yes () no

May we contact your current employer? () yes () no

Do you have any relatives who work for the City of Savannah? () yes () no

Family Member's Name Department Relationship to You

Have you ever been employed by the City of Savannah? If yes, name previously used. _____

Education & Training

HS Diploma () yes () no GED () yes () no Highest Year Completed _____ College/Technical School () yes () no

Name of College/University/Technical School Type of Degree/Diploma/Certificate Earned Major Area of Study

The City of Savannah is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, political affiliation, age, disability, marital status, sexual orientation, family responsibilities, military obligations or other non-merit factors. Applicants with a known disability as defined under the Americans with Disabilities Act who need an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need.

Employment History

Indicate ALL periods of employment, unemployment, education or military service during the past 10 years. Experience obtained over 10 years ago that is relevant to the position for which you are applying must be included in your employment history. Attach additional sheet(s) if necessary. You may include a resume with this application, but all information on the application must be completed. **DO NOT STATE, "SEE RESUME". NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER RECRUITMENT HAS CLOSED.**

Employer _____	Date Employed (Month/Year) _____/____	Date Separated (Month/Year) _____/____
Address _____		
City _____	State _____	Zip Code _____
Name of Supervisor _____ Telephone Number () _____		
Status: Full-Time _____ Part-Time _____ Volunteer _____ Seasonal _____ Temporary _____		
Job Title _____		
Job Duties _____		
Reason for Leaving _____		

[illegible]

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Employer _____						Date Employed (Month/Year) _____/_____	Date Separated (Month/Year) _____/_____			
Address _____										
City _____				State _____		Zip Code _____				
Name of Supervisor _____						Telephone Number () _____				
Status:	Full-Time	_____	Part-Time	_____	Volunteer	_____	Seasonal	_____	Temporary	_____
Job Title _____										
Job Duties _____ _____ _____ _____ _____ _____ _____ _____ _____ _____										
Reason for Leaving _____										

Employer							Date Employed (Month/Year)	Date Separated (Month/Year)
Address							/	/
City					State		Zip Code	
Name of Supervisor								Telephone Number ()
Status:	Full-Time		Part-Time		Volunteer		Seasonal	
Job Title								
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Employer _____ Address _____ City _____ State _____ Zip Code _____ Name of Supervisor _____ Telephone Number () _____ Status: Full-Time _____ Part-Time _____ Volunteer _____ Seasonal _____ Temporary _____ Job Title _____ Job Duties _____ _____ _____ _____ Reason for Leaving _____	Date Employed (Month/Year) ____/____/____	Date Separated (Month/Year) ____/____/____
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Employer _____ Address _____ City _____ State _____ Zip Code _____ Name of Supervisor _____ Telephone Number () _____ Status: Full-Time _____ Part-Time _____ Volunteer _____ Seasonal _____ Temporary _____ Job Title _____ Job Duties _____ _____ _____ _____ Reason for Leaving _____	Date Employed (Month/Year) ____/____/____	Date Separated (Month/Year) ____/____/____
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I certify the statements made in this application, including all supplemental documents are true, complete and correct to the best of my knowledge. I understand that any misrepresentation, omission of facts or falsification of information is grounds for dismissal or refusal to hire, and I will be ineligible to reapply for any City position for one year. Upon receipt by the City of Savannah, all employment applications, resumes, transcripts, correspondence or any other documents submitted to the City of Savannah Human Resources Department as part of the application process, including but not limited to, written reports, charts, video/audio materials, photographs, etc., shall become the property of the City of Savannah. I further understand it is my responsibility to notify the City of Savannah Human Resources Department of any changes to the information provided in this application.

I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant

Date Signed

Revised: December 2005

For Use By HR Dept Only

Received by: _____
 Reviewed by: _____
 Entered by: _____

Authorization To Release Information

This is to certify that as an applicant for a position with the City for Savannah, I do authorize the release of any and all information to the City of Savannah Human Resources Department from whomever they may deem it necessary to make such a request. By my signature, I consent to the release of information to authorized officers, agents and/or employees of the City of Savannah Human Resources Department which may include but not be limited to: criminal history records; driving history records, which will be used to determine my eligibility for employment or continuation of driving privileges after employment; information concerning my past and present work experience, including my official personnel files, attendance records and performance evaluations; educational records including transcripts; military service records; law enforcement records and/or any other personnel records deemed necessary. Passed convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration. Further, I authorize the City of Savannah Human Resources Department to copy or otherwise reproduce this original document and to let such copies act as the original instrument. The original document is to be retained on file with the City of Savannah Human Resources Department.

In addition, I consent to authorize appropriate officers, agents and/or employees of the City of Savannah Human Resources Department to make inquiries of third parties such as credit bureaus. This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

_____/_____/_____
Full Name Printed **Social Security Number**

Address **City, State, Zip**

Signature **Date**

The following information is requested for background checks and record keeping only and will not be disclosed as a part of the employment application. Exclusion of this data will not result in disqualification from consideration.

Check one: ☐ male ☐ female Date of Birth ____/____/____

Check one of the following: (Ethnic Origin)

☐ White ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other

Are you a disabled individual in accordance with Americans with Disability Act? ☐ yes ☐ no

Are you a veteran? ☐ yes ☐ no If yes, please attach a copy of your Form DD214 indicating type of separation. The copy of the Form DD214 is required for 5 points preference claim, if eligible, and also serves as a record of employment. If you are a disabled veteran, in addition to your Form DD214, please attach a copy of the award notice or other evidence, dated within the last six months, that you are in receipt of compensation based on a disability rated at 10% or more by the Veterans' Administration for 10 points preference claim.

For Use by City of Savannah HR Dept. Only

Notary

Release/Request For Drug/Alcohol Test Results – CDL Drivers

I hereby authorize and agree to the release of the results, including refusal to test, of my Department of Transportation's (DOT) required drug/alcohol tests to the City of Savannah, Georgia.

Full Name Printed _____

_____/_____/_____
Social Security Number

Previous Name(s) Used During Work History _____

Signature of Applicant _____

Date

(Notice to Applicant: DO NOT WRITE BELOW THIS LINE)

NAME OF FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The above applicant has applied for the position of _____ with the City of Savannah. As a former employer of this person, and in accordance with Federal Highway Administration (FHWA) 49 CFR, Section 382.413, would you please aid us in determining this applicant's qualifications by completing the following:

1. Dates of employment with your firm From ____/____/____ to ____/____/____
Month/Year Month/Year
2. Job Title _____ Job Duties _____

Based upon a review of your company's drug and alcohol test records for CDL Drivers:

3. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past two years?
_____ YES _____ NO
4. Has this individual had a controlled substance test with a positive result in the past two years?
_____ YES _____ NO
5. Has this individual refused a controlled substance test and/or alcohol test within the past two years?
_____ YES _____ NO
6. If yes was answered to any of the above, was this individual evaluated by an SAP?
_____ YES _____ NO
7. Did the individual pass a return to duty test?
_____ YES _____ NO

Date Completed

Signature

Title